Building Permit ApplicationDelta City 76 N 200 W Delta, UT 84624
435-864-2759 www.delta.utah.gov



| 455-664-2755 <u>www.ucita.utan.gt</u> | | | |
|--|--------------------|------------------------|--------------|
| Applicant Name | | | |
| Building Address | | | |
| Subdivision | Block | Lot | |
| Property Area - In Acres or Square Feet | Total Building | g Site Area Used | |
| Proposed Use of Structure: | | | |
| Type of Improvement / Kind of Construction | on: | | |
| □ New Construction □ Remode □ Move □ Convert | el t Use | ☐ Addition ☐ Repair | □ Demolition |
| Previous use of Land or Structure: (3 Year | rs) | | |
| Dwelling Units now on Lot: | Accessory Bu | uildings | |
| OWNER INFORMATION | | | |
| Name | | Phone | |
| Address | | | |
| Email | | <u> </u> | |
| Contact, if Business | | | |
| | | | |
| CONTRACTOR INFORMATION | | | |
| ☐ Owner Builder. State Owner/Builder C | Certification docu | ment required. | |
| General Contractor | | Phone | |
| Address | | License # | |
| Architect or Engineer | | Phone | |
| Address | | License # | |
| Electrical Contractor | | Phone | |
| Address | | License # | |
| Framing Contractor | | Phone | |
| Address | | License # | |
| Plumbing Contractor | | Phone | |
| Address | | License # | |
| Mechanical Contractor | | Phone | |
| Address | | License # | |
| REQUIRED DOCUMENTS | | | |
| ☐ Completed Application packet☐ 2 Sets of Plans☐ 2 Copies of Plot Map☐ Other: | | | |
| ZONING | | | |
| Zone | Minimum Set | in acker | |
| Front Side | Side Side | Rear | |
| | | | |
| □ ROAD ENCROACHMENT DEPO | | | |
| I understand that the road must be repaired repair it and deduct the cost of the repair from | | | |

□ SIDEWALK REQUIRED *City Inspection required prior to pouring.

| Plan Check Deposit: | Deposit: \$ | | Date Paid/Receipt #: | |
|--------------------------------------|--------------------|-----|---|----|
| Balance Paid #: | \$ | | Date Paid/Receipt #: | |
| | | | | |
| BUILDING INFORM Building | MATION sq ft | | FEE SCHEDULE | 1 |
| Danding | Sy II | | Valuation | \$ |
| ☐ Rough Basement | sq ft | | Building Fees | |
| ☐ Finish Basement | | | Plan Check Fees | |
| Carport | sq ft | | State Surcharge | |
| Garage | sq ft | | Water – Connection | |
| | | | ³ / ₄ - 1 – 1 ½ - 2 | |
| Covered Porch | sq ft | | Sewer | |
| Type of Bldg | Occ Gro | oup | Water Rights Acquisition | |
| # Bldgs | R. Value | 9 | Road/Right of Way Encroachment | |
| # Stories | Walls | 1 | Deposit Utility Account Deposit | |
| # Bedrooms | R | R | | |
| # Dwellings | | | | |
| Type of Construction | <u>i</u> | | | |
| ☐ Frame | ☐ Conc | | | |
| ☐ Brick ☐ Brick Var | ☐ Steel ☐ Mfg H | | | |
| □ Stucco | | | Total | |
| Max. Occ. Load | | | Plan Check Deposit Applied | - |
| Fire Sprinkler ☐ Yes Building Code: | □ No | | Balance Due | \$ |
| SPECIAL CONDITI | IONS | | | 1 |
| Required by | | | Approved by | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| COMMENTS | | | | |

| Planning & Zoning Approval | |
|--|--|
| This permit becomes null and void if work or construction authorized is not cordays, or if construction or work is suspended or abandoned for a period of 180 work is commenced. An approved inspection must be made every 180 days permit will EXPIRE. I hereby certify that I have read and examined this applic same to be true and correct. All provisions of laws and ordinances governing be complied with whether specified herein or not. The granting of a permit do give authority to violate or cancel the provisions of any other state of local law construction or the performance of construction and that I make this statement perjury. | lays at any time after minimum or your ation and know the this type of work will les not presume to regulating |
| Signature of Contractor or Agent | Date |
| Signature of | Date |

(All approvals required for issuance are required for occupancy)

This application does not become a permit until signed and receipt issued.

Please note: The Building Department does not accept credit cards.

Sent to County: swilcox@co.millard.ut.us or 435-743-4221

Owner Builder to state w/ this form: jwoolf@utah.gov, 801-530-6301, or N/A

PTIF Transfer on Encroachment:

SIGNATURES

Plan Check Approval

DELTA CITY BUILDING PERMIT APPLICATION CHECKLIST $76\ \text{N}\ 200\ \text{W}$

Delta City

Delta, UT 84624 435-864-2759 www.delta.utah.gov

| Applicant Name: | | | | | |
|--|---------------|--------------|--|--|--|
| Contact, if applicant is a business: | | | | | |
| Contact Phone Number: | | | | | |
| Contact Email: | | | | | |
| Initial each item when complete: | For new const | for any cuts | | | |
| Signature Date | | | | | |
| For City Use Only | | | | | |
| | | | | | |
| Action | Initials | Date | | | |
| Action Building Permit application received | Initials | Date | | | |
| | Initials | Date | | | |
| Building Permit application received | Initials | Date | | | |
| Building Permit application received Building Permit number assigned | Initials | Date | | | |
| Building Permit application received Building Permit number assigned Reviewed and approved/denied by building inspector | Initials | Date | | | |
| Building Permit application received Building Permit number assigned Reviewed and approved/denied by building inspector Reviewed and approved/denied by public works | Initials | Date | | | |
| Building Permit application received Building Permit number assigned Reviewed and approved/denied by building inspector Reviewed and approved/denied by public works Fees Paid | Initials | Date | | | |
| Building Permit application received Building Permit number assigned Reviewed and approved/denied by building inspector Reviewed and approved/denied by public works Fees Paid Scanned to File | Initials | Date | | | |

Notes:



DELTA CITY BUILDING INSPECTION NOTICE

76 N 200 W Delta, UT 84624 435-864-2759 www.delta.utah.gov

It is the responsibility of the permit holder or contractor to contact the building inspector to schedule all required inspections, which are as follows, IBC 109.5. One (1) full working day notice is required on all inspections.

It is the permit holder's responsibility to deliver approved inspection notice to the City Office for Power, Gas, and Water meter clearance.

INSPECTIONS & APPROVALS REQUIRED:

Footings

Foundations, with steel in place prior to pouring

Underground electrical & plumbing

Rough Plumbing

Rough Electrical

Rough Mechanical

Drywall/Firewall

Exterior: Siding, Brick, Stucco Lath

Gas piping inspection after drywall is hung

Electrical service panel

Final Building Inspection

Sidewalk Inspection, when sidewalk is required

Planning and Zoning Approval

This list many not be conclusive and may vary depending on the scope of the project. If you have any questions, please contact Delta City at 435-864-2759 or the building inspector at 1-800-560-6151.

Please note that the international Building Code Section 110.1 states: "No building or structure shall be used or occupied and not change in the existing occupancy classification ...shall be made until the building official has issued a certificate of occupancy..." A certificate of occupancy will not be issued without all required inspections having been completed and approved by the building inspector and planning and zoning.

Criminal charges may be filed for violation of this ordinance and/or city utility services may be disconnected.

| Signature | Date | |
|-----------|------|--|



Action Requested:

Delta City 76 N 200 W

Delta, UT 84624 (435) 864-2759 Fax (435) 864-4313 www.delta.utah.gov

RIGHT OF WAY/ROAD ENCROACHMENT AGREEMENT

| Name: | |
|---|--|
| Address: | |
| Phone #: | Email: |
| Site Address: | |
| Building Permit #: | |
| Notes: | |
| Notes: understand that the road or Delta City will repair it deposit. | d must be repaired within 90 days of the building permit date and deduct the cost of the repair from the encroachment and that the deposit will not be refunded until the repair has |
| Notes: understand that the road or Delta City will repair it deposit. n either case, I understa | , |
| Notes: understand that the road or Delta City will repair it deposit. n either case, I understaneld for one year. understand it is my resp | and deduct the cost of the repair from the encroachment and that the deposit will not be refunded until the repair has consibility to schedule an inspection to begin the one-year |
| Notes: I understand that the road or Delta City will repair it deposit. In either case, I understaneld for one year. | and deduct the cost of the repair from the encroachment and that the deposit will not be refunded until the repair has consibility to schedule an inspection to begin the one-year |



Delta City 76 N 200 W

Delta, UT 84624 (435) 864-2759 Fax (435) 864-4313 www.delta.utah.gov

SIDEWALK BOND

| Name: | | |
|--|--|------|
| Address: | | |
| Phone #: | Email: | |
| Site Address: | | |
| Building Permit #: | | |
| | dewalk must be installed prior nd deduct the cost from the bo | |
| Delta City will install it a | | |
| Delta City will install it a | | |
| Delta City will install it a Notes: | | |
| | | ond. |
| Delta City will install it a | nd deduct the cost from the bo | ond. |



APPLICATION FOR CITY SERVICES

DELTA CITY · 76 N 200 W · Delta, UT 84624 · 435-864-2759
Office Hours: Monday-Thursday 7AM-6PM, Closed Fridays & Holidays

| City assigned account #: | |
|--------------------------|--|
| | |

| ® | | | , 0.0000 |
|---|--|--|--|
| Applicant/Business | Name: | | Move in date: |
| S.S.#: | DOB: | DL#: | Employer: |
| Joint Applicant/Age | nt Name: | | Relationship: |
| S.S.#: | DOB: | DL#: | Employer: |
| Service Addres | s: | | Delta, UT 84624 |
| Mailing Address: | □ Same | | |
| Phone: | 2 nd Phone: | | |
| Email: | | | |
| ☐ Owner occupied ☐ Owner, landlord | ☐ Agent, owner nam | ord/Owner: | |
| 3 , | Reference NOT living v | • • | |
| Name: | | Address | s: |
| Phone: | | Relation | ıship: |
| DELINQUENCY Pay uch billing. A late charge, grees to pay reasonable elecessary to use such measuaid after notice. Accounts harges. In addition, the Corepayment of any bill. Ur he amount of the security vaived with a Qualified G pplied to account after (T) REASONABLE AC | ment for services is due immas set forth by the 'Fee Sche spenses of collection includeres to collect the charges not sissued notice will be charge ity will charge a re-connection of the applicant is required applicant will be considered accounts will be considered to the applicant's final from the applicant of | mediately upon billing and shedule', per month of the unpaing collection agency fees, ande to the applicant's accounted a fee. In order to restore ion fee. It to pay a deposit. It is agreed dered delinquent notwithstarnal bill and any balance remay liability with customer. Pont been any delinquencies of permit the City's authorized | es to pay monthly for the utility services rendered by the City rvice will be made at the regular established rates for the clathe monthly bills for accuracy and notify the City of any charged on Non-sufficient fund checks. Fees are set forther all become delinquent if not paid by the due date reflected on the balance will be added to delinquent accounts. The applicant accounts of the customer's fees, and court costs should it become not. The City shall terminate service on delinquent accounts not exervice, the customers must bring current all delinquent accounts of the applicant that the deposit is not considered as anding the existence of a security deposit. The City may application in the customers may request security deposit refunded or or default within that time frame. It representatives to enter onto the customer's premises at all tility services. Services may be terminated if reasonable acce |
| FERMINATION OF their responsibility is term: By mutual agreement events as a two-day written nown by the proper assumption the other party. The applicant warrants the information shall be cause Current US Governm Deposit included: \$15 | SERVICE The applicant inated in one of the following ridenced in writing and sign tice from the customer to have no fitted from the payment responsibility all the information provide for the City to deny or cancel the control of th | agrees to be responsible for ng ways: ed by the City and the applic ave services disconnected an ility by a party acceptable to ed by them in this application tel service and demand imme | the payment of utility charges incurred at these premises un cant. In the City physically terminating the service. The City and upon completion of an application for service to the city and upon completion of an application for service to is true and correct and understands that false or misleading ediate payment of any amounts which are due. |
| Applicant Signature | | Meter Read: _ | Deposit Amount \$ Cash/Check Credit Receipt #: |



Sunrise Engineering 1-800-560-6151

One (1) full working day notice is required on all inspections.



